

SUPREME COURT CLERK'S OFFICE 417 SOUTH KING STREET HONOLULU, HAWAI'I 96813-2912

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

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Before completing this form please read the instructions for Financial Disclosure Statement, including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the following financial range codes SHOULD be used.

- A Less than \$1,000
- B At least \$1,000 but less than \$10,000
- C At least \$10,000 but less than \$25,000
- D At least \$25,000 but less than \$50,000
- F At least \$100,000 but less than \$150,000
- E At least \$50,000 but less than \$100,000
- G At least \$150,000 but less than \$250,000 H - At least \$250,000 but less than \$500,000
- I At least \$500,000 but less than \$750,000
- J At least \$750,000 but less than \$1,000,000
- K -\$1,000,000 or more

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

	(Type only)					
Dunn		Christopher	Martin	NAME OF SPOU	JSE OR DOMESTIC PARTNER:	
	LAST)	(FIRST)	(MIDDLE)	Vicky Pual	ani Enos	
OFFICE ADDRES	2145 Main Street			No. of Depender	nt Children:	
OTTIOE ADDITIES	NUM	BER, STREET		(Do not include	names)	
CITY OR TOWN:	Wailuku	ZIP CODI	96793 E:	3		
JUDICIAL POSITION	DN HELD	DATE OF APPOINTMENT		OFFICE PHONE		
District Court		3/25	/21	808244	-2846	
CALENDAR YEAR	COVERED BY THIS DISCLOSURE:	20 <u>21</u>				
ITEM 1	JUDICIAL COMPENSATION				ANNUAL INCOME	
RSCH 15(d)(1)					F	
ITEM 2 RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered	exceeds \$1,000)				
EMPLOYER/LAW FIRM BUSINESS ADDRESS				ANNUAL INCOME		
Law Office of	Christopher M. Dunn		33 N. Market Street, Suit	e 200; Wailuku, HI 9	E	
ITEM 3 RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)					
		EMPLOYER			ANNUAL INCOME	
Papa Ola Lokahi					С	
Kaehu					С	

SOURCE NATURE OF SERVICES RENDERED AMOUNT Check here if entry is None	ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE					
EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS. NAME OF BUSINESS		SOURCE		NATURE OF SERVICES RI	ENDERED	AMOUNT	
NAME OF BUSINESS NAME OF BUSINESS NATURE OF BUSINESS NATURE OF INTEREST ENTER AMOUNT OR NO. OF SHARES Check here if entry is None						TE HAVING A	
Check here if entry is None Check here if you have attached additional sheets TIEM 8 RSCH 15(0)(2) NAME OF BUSINESS DATE OF TRANSFER VALUE OF TRANSFER VALUE OF TRANSFER VALUE OF TRANSFER VALUE OF TRANSFER TIEM 7 RSCH 15(0)(3) LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS. NAME OF BUSINESS TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)						TIE, HAVING A	
ITEM 7 RSCH 15(d)(3) NAME OF BUSINESS TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)	ITEM 6	heck here if entry is None	Check here if you	have attached additional sho	eets IIS DISCLOSURE PERIOD	OR NO. OF SHARES	
ITEM 7 RSCH 15(d)(3) NAME OF BUSINESS TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)		Check hare if entry is None	Chack hara if you	have attached additional sh	eets		
NAME OF BUSINESS TITLE AND TERM OF OFFICE COMPENSATION (enter amount or NONE)							
(enter amount or NONE)	RSCH 15(d)(3)						
Check here if entry is None Check here if you have attached additional sheets			☐ Check here if vou				

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		IST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE ERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.			
	NAME AND ADDRES	S OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR
Chase; P.O. E	Box 6294; Carol S	stream, IL 60197		С	С
Citicards; P.O). Box 78045; Phe	eonix, AZ 85062-8045		С	С
Citicards; P.O). Box 78045; Phe	eonix, AZ 85062-8045		С	С
Cr	heck here if entry is No	ne Chec	ck here if you ha	ave attached additional sheets	
ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN	THE STATE IN WHICH IS H	IELD AN INTER	REST WITH A FAIR MARKET VALUE OF \$	10,000 OR MORE.
		POSTAL ZIP CODE OF LO	CATION		VALUE
96768					1
✓ Ch	heck here if entry is No	ne Chec	ck here if you ha	ave attached additional sheets	
ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, T	HE FAIR MARKET VALUE O	F WHICH EXC	EEDS \$10,000. ACQUIRED DURING THE	DISCLOSURE PERIOD.
POSTAL ZIP CC	DDE OF LOCATION	NATURE OF INTEREST		E AND ADDRESS OF PERSON RECEIVIN SIDERATION	G CONSIDERATION GIVEN
			0014	OIDEIGHION	
Check here if entry is None					
ITEM 11 REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.					
POSTAL ZIP CO	DDE OF LOCATION	NAME AND ADDRESS C	OF PERSON FL	JRNISHING CONSIDERATION	CONSIDERATION RECEIVED

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ITEM 12 RSCH 15(d)(6)	CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.					
	NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE		
/ (Check here if entry is None	Check here if you have attached addit	ional sheets			
ITEM 13 RSCH 15(d)(7); Rule 3. 13 Revised Code of Judicial Conduct	GIFT(S) THAT MUST BE REPORTED	O UNDER RULE 3. 13(c) OF THE HAWAI'I REVISED CODE OF JUDICIAL CONDUCT.				
	SOURCE	DESCRIPTION	N OF GIFT	ESTIMATED VALUE		
	Check here if entry is None	Check here if you have attached addit	ional sheets			
ITEM 14 RSCH 15(d)(8) & 22(h)	RSCH 15(d)(8) FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION					
I attended hours of Approved Judicial Education during the reporting period.						
REMARKS:						
See attached sheets.						
CERTIFICATION: I hereby certiffy that the above is a true, correct, and complete statement.						
SIGNATURE: /	s/ Christopher M. Dunn		DATE:	04/22/2022		
NOTE: This filing is not valid without a signature.						

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